U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.1. 86-257, as amended. Failure to

| For Official Lies Only | an annual proceedant, thics, or will periate as provided by 20 0 0 100 of 110 | | |
|--|---|--|--|
| For Official Use Only US OREAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT | | | |
| E US READ THE INSTRUCTIONS CAREFUL | LI BEFORE PREPARING THIS REPORT | | |
| 1 File Number U - 1191 | 2 Fiscal Year Covered From | | |
| | 01 / 01 / [2004] Through 12 / 31 / 2004 | | |
| 3 Name and address of person filing | 4 Name, file number, and address of labor organization | | |
| Name Jerry R Miller | Name Plumbers & Steamfitters Local #83 | | |
| | Labor Organization File Number 003 478 | | |
| P O Box, Bldg , Room No , if any | P O Box, Building and Room Number, if any | | |
| Street 56521 Mt Victory Road | Street 177-29 Th Street [3/16/17] | | |
| City Jacobsburg | City wheating | | |
| State OH ZIP Code + 4 43933 | State WV ZIP Code +4 ZG 003 | | |
| 5 Position in labor organization Conference Board member. | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | |
| 6 Name and address of Employer (including trade name, if any) | 7 a Nature of Interest, Transaction, or Income | | |
| Name N/A | N/A | | |
| Trade Name, if any | | | |
| P O Box, Bldg , Room No , if any | | | |
| Street | 7 b Amount. | | |
| City | ,- * - | | |
| State ZIP Code + 4 - | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.) | | | |
| Signed Jan & Mills | on 08/15/2005 (740) 795-5877 | | |
| | on 08/15/2005 (740) 795-5877 | | |

Hay! II

| Name of Person Filling Lerry R Miller | File Number U - | - | |
|--|--|------------|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | |
| 8 Name and address of Business (including trade name, if any) Name N/A Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name | 9 Business deals with a Labor Organization b Trust c Employer | | |
| Name N/A Trade Name, if any P O Box, Bidg , Room No , if any | NA | | |
| Street | 11 b Approximate dollar value of such dealing | 40 | |
| State ZIP Code + 4 | 12 a Nature of interest held or Income received N/A | | |
| | 12 b Amount | * 0 | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name N/A | N/A | | |
| Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4 | | | |
| 13 b Is the Business an Employer or Consultant ? | 14 b Amount of payment. | 6 0 | |